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Printed: [Signature] By: Katherine Stofer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Lasek et al.

Title: **INTESTINAL PROTEINS**

Serial No.: **09/729,454**

Filing Date: **December 04, 2000**

Examiner: **N. Davis**

Group Art Unit: **1642**

Commissioner for Patents
Washington DC 20231

DECLARATION UNDER 37 CFR 1.132 OF AMY LASEK

I, Amy Lasek, declare:

1. I received my Ph.D. from Cornell University Graduate School of Medical Sciences in 1998. Prior to working at Incyte, I completed my postdoctoral research at the University of California, Berkeley. I have been employed at Incyte Genomics since March of 2000. My work at Incyte has involved analyzing normal colon and colon tumor data from microarray studies in order to discover novel genes that may be used as diagnostics and/or potential therapeutic targets for colon cancer.

2. This application relates to a purified human intestinal protein, IP-1, which has the amino acid sequence of SEQ ID NO:1 and to the use of the polynucleotide encoding the protein in the diagnosis and treatment of colon disorders, in particular, colon cancer and in monitoring the treatment of a colon cancer. I understand that the Examiner has rejected 1-2 and 4-8 directed to the described invention for lack of enablement of the disclosed utility.

3. The Examiner has stated in the rejection that since there is no evidence in the art or in the specification teaching SEQ ID NO:1 expression levels and its correlation with colon cancer it would be unpredictable to use SEQ ID NO:1 to diagnose cancer based on SEQ ID NO:1 expression. The Examiner furthermore stated that in order for SEQ ID NO:1 to be used to diagnose colon cancer, it must be certain that changes in the expression of SEQ ID NO:1 in colon is not indicative of some other disease. This declaration is provided as testimony that the evidence provided in the specification of the instant application is more than enough for one skilled in the art to use the claimed invention for the diagnosis of colon cancer or to monitor the course of therapeutic intervention in colon cancer.